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	Substitute for form 1449/PTO	Complete if Known				
		Application Number				
	INFORMATION DISCLOSURE	Filing Date				
		First Named Inventor	James C. Betz			
	STATEMENT BY APPLICANT (Use as many sheets as necessary)	Art Unit				
		Examiner Name				
abla	Sheet 1 of 1	Attorney Docket Number	229-002.001 River	フ		

			U. S. PATENT	DOCUMENTS	
Examiner Initials*	er Cite No.1 Document Number Number-Kind Code ^{2 (f known)}		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 797,911	08-22-1905	Perry	
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	6
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	L'
		3936588 Germany	05-1991			
		1529814 France	06-1968			
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		10064227 Germany	06-2002			

Examiner	 Date	
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- 5		

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